


## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>16-OCT-2015</b>		TIME <b>20:55:00</b>		2. ADDRESS OF OCCURRENCE <b>1001 N CICERO AVE CHICAGO, IL 60651</b>		3. LOCATION CODE <b>220</b>		4. BEAT/OCCUR <b>1111</b>		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO						
MEMBER INVOLVED <input type="checkbox"/> DNA	6. POSITION <b>9161</b>		7. LAST NAME <b>CERVANTES</b>		8. FIRST NAME <b>NICHOLAS A</b>		9. STAR NO. <b>14881</b>		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE <b>S</b>		12. AGE <b>510</b>		13. HT. <b>162</b>	
	15. DATE OF APPT. <b>29-OCT-2007</b>		16. EMPLOYEE NO. <b>[REDACTED]</b>		17. UNIT & BEAT OF ASSIGNMENT <b>025 4310C</b>		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	21. LAST NAME <b>SUTTLE</b>		22. FIRST NAME <b>SHERROD</b>		23. M.I. <b>[REDACTED]</b>		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE <b>BLK</b>		26. D.O.B. <b>01-OCT-1989</b>		27. HT. <b>[REDACTED]</b>		28. WT. <b>[REDACTED]</b>	
SUBJECT INFORMATION <input type="checkbox"/> DNA	29. ADDRESS <b>CHICAGO, IL</b>		30. TELEPHONE NO. <b>[REDACTED]</b>		31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				35. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>COOK COUNTY HOSPITAL - STROGER HOSPITAL</b>											
	36. BY WHOM? <b>[REDACTED]</b>				37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	38. CHARGES PLACED <b>[REDACTED]</b>				39. CB NO. <b>19385610</b>		1R NO. <b>[REDACTED]</b>									
	40. PASSIVE RESISTER <input checked="" type="checkbox"/> 01 NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER <b>[REDACTED]</b>		ACTIVE RESISTER <input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER <b>[REDACTED]</b>		ASSAILANT/ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER <b>POINTED FIREARM AT R/O</b> <input type="checkbox"/> PERCEIVED AS THREAT OF BEING FIRED UPON		ASSAILANT/BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <b>[REDACTED]</b>		ASSAILANT/DEADLY FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER <b>POINTED FIREARM AT R/O</b> <input type="checkbox"/> PERCEIVED AS THREAT OF BEING FIRED UPON							
	MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> LRAO WITH AUTHORIZATION <input type="checkbox"/> OTHER <b>[REDACTED]</b>		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> DC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Conduct Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER <b>[REDACTED]</b>		ELBOW STRIKE <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input checked="" type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER <b>[REDACTED]</b>		FIREARM <input checked="" type="checkbox"/> OTHER <b>[REDACTED]</b>									
41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <b>[REDACTED]</b>		RANK <b>[REDACTED]</b>		STAR NO. <b>[REDACTED]</b>		UNIT NO. <b>[REDACTED]</b>		42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member											
	46. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <b>[REDACTED]</b>		47. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS <b>CLEAR</b>									
	50. MAKE/MANUFACTURER <b>BLACK, INC. - AU</b>		51. MODEL <b>17</b>		52. BARREL LENGTH <b>4.48</b>		53. CALIBER/GAUGE <b>9 MM</b>									
	54. TASER DART ID NO. <b>[REDACTED]</b>		55. WEAPON SERIAL No. (Include Letters) <b>SSW604</b>		56. CHICAGO GUN REG. NO. <b>R025609S</b>		57. IL FIREARM OWNER ID. NO. <b>27040904</b>		58. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>							
	59. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>		60. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		61. TYPE OF AMMUNITION USED <b>Department Issued</b>		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		63. TOTAL NO. OF SHOTS MEMBER FIRED <b>4</b>		1629014953		76. EVENT NO.			
	64. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		65. WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>0</b>		67. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO							
	68. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>NONE</b>													
	71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>		72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.													
	73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 ANY OTHER COMBINATION		74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify) <b>[REDACTED]</b>													

CASE INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS) <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			75. EVENT NO. <b>1629014953</b>
	78. ADDITIONAL INFORMATION <b>OFFENDER BRANDISHED A FIREARM &amp; POINTED SAME AT R/O, IGNORED COMMANDS TO DROP WEAPON WHICH R/O PERCEIVED AS A THREAT TO R/O'S LIFE AT WHICH TIME R/O FIRED UPON OFFENDER. R/O USED FIREARM AS IMPACT WEAPON TO DISARM OFFENDER.</b>			
SIGNATURES	79. REPORTING MEMBER (Print Name) <b>CERVANTES, NICHOLAS A</b> <b>17-OCT-2016 02:51:14</b>		STAR/EMPLOYEE NO. <b>14881</b>	76. R.D. NO. <b>HZ477078</b>
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			
	80. REVIEWING SUPERVISOR (Print Name) <b>PLANEY, JEFFERY M</b>	STAR NO. <b>1411</b>	SIGNATURE 	

# **LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW**

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPON'S DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

41. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Hospitalized/intubated

42. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on information available at the time of this report and a review of available video, the officers use of force was within Department guidelines.

43. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

44. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOG NO. 1082645 OBTAINED

45. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

ANGARONE, KENNETH

46.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

47. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

17-OCT-2016 06:26:39